



WHAT TO KNOW ABOUT GROUPS FOR

Depression

Depression is common, and it can make it hard to enjoy things, get through the day, or believe things will get better. Groups aren't a stand-in for care from a licensed provider, but several kinds have real research behind them, either as treatment or as a valid add-on to other care.

WHAT COUNTS AS "THERAPY"

When a licensed clinician leads a group with a clinical purpose, that's **group therapy**. **Peer support** and **psychoeducation** are backed by evidence too, but they're a different category: valuable support, not a replacement for assessment and treatment by a licensed professional.

Why a group can work for depression

You're not the only one. Depression tells you you're alone in it. A room of people who get it quietly says otherwise.

Less shame, said out loud. Hearing someone name what you've felt makes it feel less like a personal failing.

Easier to reach. Groups usually cost less than individual therapy, and many peer groups are free.

SIX KINDS OF GROUPS WITH EVIDENCE BEHIND THEM

1 CBT groups

A therapist leads the group through skills for shifting the thought patterns that feed depression. Research puts this close to individual therapy in how much it helps.¹

2 IPT groups (interpersonal)

Works through relationships and life changes tied to depression: a loss, a role change, a conflict. Gains hold months after the group ends.²

3 Peer support groups

Led or co-led by people with lived experience. Build hope and connection, though on their own they tend to help less than a trained professional.³

4 MBCT groups (mindfulness)

Mindfulness meditation plus cognitive skills. Best evidence is for preventing relapse in people who've had depression before, not a first episode.⁴

5 Behavioral activation groups

A simpler, skills-based focus on rebuilding activity and routine rather than examining thoughts. Works as well as CBT and antidepressants for many.⁵

6 Psychoeducation groups

A structured, workbook-style curriculum (the "Coping with Depression" model). Smaller effect, but strong for preventing a first episode.⁶

Does it work? More than one kind of group can help.

A 2024 review of 33 trials found **CBT groups** meaningfully cut symptoms, especially when a psychologist led.¹ **Behavioral activation** matched CBT and antidepressants head-to-head.⁵ **Mindfulness groups** cut relapse risk by about a third for recurrent depression,⁴ and **psychoeducation** lowered the risk of a first episode.⁶ The right fit depends on what you want, and whether this is a first episode or a recurrence.

WHAT THIS HANDOUT IS NOT

- Not a diagnosis. Only a licensed provider can diagnose depression.
- Not a replacement for crisis care. Thoughts of suicide? Call or text 988 first.
- Not a stand-in for individual therapy or a medication evaluation. Groups work best alongside your other care.

QUESTIONS TO ASK BEFORE YOU JOIN

- 1 What approach does it use: CBT, IPT, behavioral activation, mindfulness, psychoeducation, or peer support?
- 2 Who leads the group, and what is their training?
- 3 What does it cost? Is there a free or sliding-scale option?
- 4 How does the group handle it if someone is having thoughts of self-harm?

Ready to find a group?

Browse 2,000+ therapy and support groups in all 50 states.

Free to browse · No account needed · thegroupguide.com



If you're in crisis, call or text 988.

The Group Guide is a directory, not a clinic. This handout is general education, not medical or mental health advice. Listings are written by group leaders and are not endorsed. Confidentiality, costs, and fit vary with any group you contact. Sources on page 2.



Sources

Groups for depression · references keyed to the numbers on page 1.

1 GROUP CBT

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Okumura, Y., & Ichikura, K. (2014). Efficacy and acceptability of group cognitive behavioral therapy for depression. *Journal of Affective Disorders*, 164, 155–164.

3 PEER SUPPORT GROUPS

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Docherty, M., et al. (2022). Effectiveness of peer support interventions for adults with depressive symptoms. *Journal of Mental Health*.

5 GROUP BEHAVIORAL ACTIVATION

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Richards, D. A., et al. (2014). Behavioural activation for depression: An update of meta-analysis of effectiveness and subgroup analysis. *PLOS ONE*, 9(6), e100100. doi.org/10.1371/journal.pone.0100100

2 GROUP INTERPERSONAL THERAPY (IPT-G)

Bolton, P., et al. (2003). Group interpersonal psychotherapy for depression in rural Uganda: A randomized controlled trial. *JAMA*, 289(23), 3117–3124.

Petersen, T. J. (2006). Enhancing the efficacy of interpersonal psychotherapy: A case study. *American Journal of Psychotherapy*.

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4 MINDFULNESS-BASED COGNITIVE THERAPY (MBCT)

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6 PSYCHOEDUCATION / "COPING WITH DEPRESSION"

Cuijpers, P., Muñoz, R. F., Clarke, G. N., & Lewinsohn, P. M. (2009). Psychoeducational treatment and prevention of depression: The "Coping with Depression" course thirty years later. *Clinical Psychology Review*, 29(5), 449–458. doi.org/10.1016/j.cpr.2009.04.005

Dalgard, O. S. (2006). A randomized controlled trial of a psychoeducational group program for unipolar depression in adults in Norway. *Clinical Practice and Epidemiology in Mental Health*, 2, 15.

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